MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET 10,595626 (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AS FILED AFTER 1" AMENDMENT 2 [™] AMENDMENT AS FILED AFTER 1" AMENDMENT IND. 2 MAMENDMENT DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL IND. TOTAL IND. TOTAL DEP TOTAL DEP

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